

HEALTH SYSTEMS 20/20 CARIBBEAN: SECOND QUARTER REPORT

April 2013

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Health Systems 20/20 Caribbean is a technical assistance program within the U.S.-Caribbean Regional PEPFAR Partnership Framework. Its purpose is to support governments to strengthen their health financing systems for a sustainable HIV/AIDS response in the Caribbean. The Health Systems 20/20 Caribbean project is implemented by Abt Associates Inc. and it is funded by the United States Agency for International Development (USAID), under the Cooperative Agreement # AID-538-LA-12-00001.

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Submitted to: Angela Davis, Alternate AOR
Senior HIV/AIDS Technical Specialist
René Brathwaite, HIV/AIDS Specialist
St. John's, Barbados
United States Agency for International Development

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Abt Associates Inc. | 4550 Montgomery Avenue | Suite 800 North
| Bethesda, Maryland 20814 | P: 301.347.5000 | F: 301.913.9061
| www.healthsystems2020.org | www.abtassociates.com

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
EU	European Union
HIV	Human Immunodeficiency Virus
HS20/20	Health Systems 20/20
MOH	Ministry of Health
MSJMC	Mount Saint John's Medical Center
NAP	National AIDS Program
NHA	National Health Accounts
NHIS	National Health Insurance Scheme
NGO	Non-governmental Organization
OECS	Organization of Eastern Caribbean States
PAHO	Pan American Health Organization
PHC	Primary Health Care
PLHIV	People Living with HIV/AIDS
UHC	Universal Health Care
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
UWI-HEU	HEU, Centre for Health Economics of the University of the West Indies

I. BACKGROUND

This is the second quarterly report for the Health Systems 20/20 (HS20/20) Caribbean project, reflecting the period from January through March 2013. HS20/20 Caribbean is a 13-month Associate Award under the leader Health Systems 20/20 cooperative agreement, funded by the U.S. Agency for International Development and led by Abt Associates. The project continues the technical assistance for health systems strengthening and financial sustainability provided to the islands of the Eastern Caribbean from 2010-2012 under the leader project.

The HS20/20 Caribbean project aims to build improved health financing capacity and leadership to ensure long-term financial sustainability of health and HIV programs in the Eastern Caribbean. Abt has partnered with the HEU, Centre for Health Economics of the University of the West Indies (UWI-HEU) to further develop UWI-HEU's capacity to provide health financing technical assistance in the region.

The project's vision is to build country capacity in core health system components – financing, governance, and operations – enabling health systems to function more sustainably and efficiently while maintaining attention to disease-specific priorities.

The expected outcomes of HS20/20 Caribbean are:

- Increased use of health and HIV expenditure data and unit cost information to inform resource allocation decisions, health sector reforms, financial sustainability planning, and advocacy.
- Strengthened Ministry of Health (MOH) financial management capacity, including the ability to conduct costing analyses and utilize costing data for strategic and operational planning.
- Strengthened regional institutional capacity to provide health financing technical assistance, specifically in NHA, and HIV subaccounts.
- Progress toward coverage of HIV/AIDS services by public and private health insurance.

2. NARRATIVE SUMMARY OF ACTIVITIES

2.1 ST. KITTS AND NEVIS

In 2012, HS20/20 conducted an initial phase of NHA estimation in St. Kitts and Nevis. During the second quarter, preparations for the next phase of the NHA estimations continued. This phase includes a household health expenditure survey and a survey of health expenditures by PLHIV, and is being led by UWI-HEU with support from the Abt team. The UWI-HEU team drafted a detailed work plan for data collection; revised and formatted the draft survey instruments; and began the process of recruiting data collectors. The Institutional Review Board at Abt reviewed and approved the research protocol for the household survey and PLHIV survey to ensure compliance with human subjects regulations. The UWI-HEU team also met with the MOH in St. Kitts and Nevis to review the instruments and received local approval to undertake the survey. UWI-HEU field pre-tested the instrument in late March and will be making minor revisions based on the testing. Field data collection will take place in the third quarter.

2.2 DOMINICA

In Dominica, as in St. Kitts and Nevis, an NHA estimation was also started under the HS20/20 leader project which focused on collecting non-household health expenditure data. In the second quarter, the HS20/20 Caribbean team continued preparing for the second phase of data collection, which consists of household and PLHIV surveys. Abt's Institutional Review Board verified that research protocol was compliant with human subjects regulations, and survey instruments and protocols were sent to Dominica's human subjects review committee. The team has been in communication with the MoH in Dominica and is waiting for local ethics approval before moving forward with field pre-testing. The team expects the full response from Dominica's review board in mid-April and UWI-HEU will implement the data collection thereafter.

2.3 ANTIGUA AND BARBUDA

In Antigua, HS 20/20 Caribbean is strengthening the MOH's capacity for evidence-based financial management of the HIV program by costing services at the primary health care (PHC) level, costing outpatient HIV/AIDS services (initiated under HS 20/20 project), and helping to cost services at Mt. St. John's Medical Centre (MSJMC), including inpatient costs for treatment of PLHIV. The purpose of the MSJMC hospital costing is twofold: first, to estimate unit costs by ward, including overhead, management, staff time, and medicines and supplies; and second, to provide a more complete accounting of HIV/AIDS services and diagnostic costs to include those provided on an in-patient basis.

The HS 20/20 Caribbean team has taken a collaborative approach to implementing these costing exercises in order to build capacity among country counterparts. In late February and early March a team of two HS 20/20 Caribbean staff members travelled to Antigua and Barbuda to initiate the hospital costing activity. In conjunction with MOH leadership, the team convened a Costing Committee, formed and led by Antigua's Chief Medical Officer and comprising key staff from the MOH, the Health Information Division, the National AIDS Program (NAP), and MSJMC, in addition to HS 20/20 Caribbean specialists. The Costing Committee with HS 20/20 Caribbean support agreed on the scope of work for the costing activity, reviewed data collection tools and modified as needed, and assigned roles and

responsibilities related to data collection. Costing Committee members and HS20/20 Caribbean staff jointly collected the bulk of the required data by the end of the quarter. In addition, remaining data needed for the PHC and HIV/AIDS outpatient services costing (including information on opportunistic infections) were collected.

Early in Q3, the final report for the PHC services and HIV/AIDS services costing will be submitted. It is expected that this entire activity will be completed ahead of schedule, by the end of June 2013.

2.4 SAINT LUCIA

In the first quarter, the HS20/20 Caribbean project began discussions with Saint Lucia's MOH about their proposed Universal Health Care (UHC) program and their need for information on the costs of services that might be covered by the program. During these discussions, the Abt team stressed the challenges of a costing exercise when data are limited, and the need to establish systems for routinely collecting the required data. While the project's budget could not support the costs of data collection, the project team agreed to work with Saint Lucia's MOH to prepare a "roadmap" for collecting these data. In the second quarter, the HS20/20 team drafted a concept note that outlined the top priority costing questions that MOH will need to answer in the future, and made arrangements for an in-country workshop to facilitate development of the "roadmap." The MOH reviewed the document and provided feedback to the team. As a part of the scope of work, the HS20/20 team suggested the MOH create a working group to support the HS20/20 team in developing the roadmap. The MOH identified and created terms of reference for the working group members, which is currently undergoing review by the Permanent Secretary. The HS20/20 team will be traveling to St. Lucia to conduct the workshop with the working group and MOH in early April.

2.5 ST. VINCENT AND THE GRENADINES

As indicated in the approved HS20/20 Caribbean work plan, the project was commissioned to support the first phase of an NHA estimation, including an HIV subaccounts estimation, in St. Vincent and the Grenadines. The effort was to be co-funded by the European Union. In early January, the HS20/20 Caribbean team learned from the EU that St. Vincent cannot use EU funding for this purpose. Throughout the quarter, the project team made numerous attempts to communicate with MOH leaders regarding how best to re-scope the activity or reprogram funds, but was unable to get any response. The project's AOR, Kendra Phillips, also reached out to MOH counterparts in the hopes of clarifying next steps, but she also did not receive any response to email or telephone correspondence.

Following consultations with the AOR, the HS20/20 Caribbean team agreed to terminate the activity and reprogram funding allocated to St. Vincent. The USAID/Barbados team and HS20/20 Caribbean project management agreed that given the lack of responsiveness from the MOH, HS20/20 Caribbean assistance in support of NHA would not be fruitful. NHA activities require extensive local support; without MOH involvement, the activity would be impossible to implement. A revised work plan will be submitted to USAID in the third quarter documenting this change in scope.

2.6 GRENADA

The project's work plan for Grenada originally outlined efforts to support the development of a policy framework for National Health Insurance. Unfortunately, a change in government after national elections in February created uncertainty about political commitment to the process of developing the insurance scheme. In conversations with HS20/20 Caribbean project staff, MOH representatives suggested that conducting a costing of health services might be less vulnerable to political changes, and

could also further support the implementation of the NHIS in the medium term. Project staff and the AOR agreed to this change in the work plan.

To understand what cost questions the MOH would like to answer and to assess the availability of data, a project staff person traveled to Grenada in late February/early March to meet with MOH officials. During his visit, the MOH requested background information on the structure of other health insurance packages available in the Caribbean to help them determine their costing needs. He presented a brief on insurance programs in Antigua and Barbuda, the British Virgin Islands, Suriname, and Jamaica. The project drafted a new scope of work based on this initial visit, focused on costing inpatient services for a set of 5 priority conditions at the island's General Hospital, in addition to costing inpatient and outpatient related services for HIV. The team plans to finalize the scope of work and begin the initial data collection in the third quarter.

2.7 OTHER REGIONAL ACTIVITIES

2.7.1 PARTNERS MEETING

The project's Technical Coordinator traveled to Barbados to attend the USAID/Barbados and Eastern Caribbean Partners meeting on February 12, 2012. The objective of the all-day meeting was for implementing partners to provide input to USAID/Barbados for the development of a new strategic plan for the region. USAID expressed the hope that these inputs could help the agency determine how to better allocate resources based on challenges and successes in the field thus far.

Key messages from the meeting included suggestions that the Mission be more selective and focused in its investments and the importance and challenges of showing metrics for accomplishments in the region. Health sector implementing partners noted the particular challenge of leveraging PEPFAR funding for topics that local Ministries of Health wish to prioritize, such as support of primary care or chronic conditions. The partners requested that USAID support improved collaboration with and outreach to government counterparts to alleviate the burden on the small-island governments and move activities forward.

2.7.2 COLLABORATION WITH OTHER PARTNERS

During the second quarter, the HS20/20 Caribbean Project has continued its collaboration with other regional partners. The project continued to collaborate with the SHOPS project to ensure that activities are complementary and minimize the burden of project staff visits to the countries. HS20/20 Caribbean also sent a representative to attend the *Caribbean Regional Training on Costing and Evaluation: with focus on HIV Programmes*. This week-long training was hosted by the USAID-funded Health Policy Initiative project, PAHO, and UWI-HEU. HS20/20 Caribbean presented on the project's NHA initiatives and how they relate to costing work generally.

Members of the HS20/20 Caribbean team have also provided comments on the agenda for the upcoming UNAIDS-sponsored *Caribbean Regional Meeting on Strategic HIV Investment and Sustainable Financing*. A team member plans to travel to Jamaica for the meeting in the third quarter, as requested by the PEPFAR team.

3. CHALLENGES

A few challenges should be briefly highlighted here:

1. As noted above, communications difficulties with the Ministry of Health in St. Vincent and the Grenadines made it impossible to proceed with the planned NHA activity there. Per conversations with the AOR, this funding will be reallocated to other activities within the project, as detailed in the revised project work plan submitted in early April.
2. The project is facing challenges in collecting and documenting the required 5% cost share contribution. Some specific approaches to cost share identified during the proposal phase are no longer feasible. The scope of work in St. Vincent and the Grenadines was originally identified as the primary source of cost share given expected co-funding from the European Union. As the project will no longer be working in St. Vincent, this cost share is unavailable. The project continues to work to identify cost share opportunities and will keep the AOR and AO informed about progress.
3. The political situation in St. Kitts and Nevis, including a recent no-confidence motion in Parliament, could threaten the project's ability to implement data collection there, particularly if there is an election or a change in administration. The project team and UWI-HEU continue to monitor the situation and discuss potential scenarios with the MOH there.
4. Because of the need to reprogram activities from St. Vincent, the project is requesting a three month no-cost extension to the period of performance of the project through December 31, 2013.

4. MONITORING AND EVALUATION

No.	Indicators	Target (Country)	Progress to Date	Frequency	Assumptions
1	# of countries where full National Health Accounts (NHA) estimation has been completed	2 (St. Kitts and Nevis, Dominica)	0 In progress	end of project	Consistent participation of government and private sector officials
2	# of countries where HIV subaccounts completed	3 (St. Kitts and Nevis, Dominica, and St. Vincent)	0 In progress	end of project	Consistent participation of government and private sector officials *The St. Vincent NHA has been removed from the project's work plan. The new target for this indicator will be 2.
3	# of tools, templates, and mechanisms developed and delivered for improved counterpart financial management	2 (Antigua, St. Lucia)	1 (Antigua)	quarterly and end of project	
4	# of countries with unit costs for HIV clinical services estimated	1 (Antigua)	1 (Antigua)	end of project	* The project's revised work plan will include a costing study in Grenada, in response to a request from Grenada's Ministry of Health. The new target for this indicator will be 2.
5	# of Ministry of Health (MOH) staff trained in costing and/or use of cost data	5 (Antigua)	11 (Antigua)	quarterly and end of project	Training leads to increased capacity for financial management.
6	# countries where National Health Insurance preparatory analyses submitted to MOH	1 (Grenada)	0 Initiating in Q2	end of project	* Given the proposed change in the Grenada work plan, we propose to remove this indicator.
7	# of economists at regional institutions with strengthened capacity to provide health financing	3	2	end of project	Key staff at UWI-HEU will be able to lead National Health Accounts and HIV subaccounts estimations

	technical assistance				independently.
8	# of regional events or meetings at which the project disseminates findings or contributes to regional policy discussions	3	2 (OECS Minister's meeting; Trinidad costing training)	quarterly and end of project	Participating in such events magnifies the impact of USAID's investments and contributes to knowledge translation.

5. SUCCESS STORY

ANTIGUA AND BARBUDA (PART II): DEVELOPING CAPACITY FOR COSTING HIV/AIDS SERVICES

In late 2012, the HS 20/20 Caribbean team presented estimates of the costs of clinic-based HIV/AIDS services and primary health care (PHC) services to members of the Antigua's Ministry of Health (MOH) and National AIDS Program. The costing activity was conducted to support efforts to further integrate these services, as well as improve understanding of costs in light of internal funding constraints and reduced external funding for HIV/AIDS. The team provided training for decision-makers on how to interpret cost information, and how to use it for decision-making to support sustainable care for PLHIV.

The team also provided training on data collection and facilitated the formation of small working groups to gather data on the costs of opportunistic infections, which are an added burden to the health system.

HS 20/20 Caribbean is now continuing to support the Government of Antigua and Barbuda's capacity to estimate the costs of services and apply this knowledge for planning. In early 2013 the MOH and HS 20/20 Caribbean established a local Costing Committee. This was convened and led by the Chief Medical Officer and included key staff of the MOH, the Health Information Division, National AIDS Program, and Mt. St. John's Medical Centre (MSJMC), in addition to HS 20/20 Caribbean specialists. The Costing Committee was tasked with estimating the costs of services at Antigua and Barbuda's main hospital facility, MSJMC, particularly focusing on laboratory and other costs related to care for PLHIV. The committee members reviewed and agreed on the Scope of Work for the activity, and both the MOH and MSJMC are devoting staff and other resources to implementing the study. Taking a highly participatory approach to the activity, HS 20/20 Caribbean's Costing Specialist has assigned data collection tasks to members of the Costing Committee, and each member is highly committed to gaining knowledge and skills related to ongoing collection, analysis, and use of cost data. The data collection and analysis tools themselves have been designed to be user-friendly and adaptable so that country counterparts will be comfortable with their use by the end of the exercise.

As a result, at a March 2013 regional training on HIV program costing in Trinidad, Antigua's National AIDS Program manager and MOH project development manager were able to demonstrate their knowledge of costing and had valuable lessons to share with their colleagues from the region.

The continuum of capacity development in Antigua and Barbuda can be described as follows:

- Prioritizing a better understanding of the financial situation, including costs and financing needs (HS 20/20 and SHOPS Health System Assessment Workshop, February 2012),
- Costing of PHC and HIV services (conducted by HS 20/20 and HS 20/20 Caribbean)
- Training on how to interpret and use the costing data (provided by HS 20/20 Caribbean)
- A collaborative costing exercise to directly build skills and experience under the guidance of an external expert.

This capacity-development approach takes longer to implement than simply sending a team to conduct and complete the costing of services. However, it is clearly producing dividends, including increased knowledge and skills among key counterparts and increasing the likelihood that the results of this exercise will be used for decision-making.

